

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

Serial No. **097914257** Filing Date _____

Applicant(s) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		8				
4		11				
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50						
TOTAL IND.	1		↓		↓	
TOTAL DEP.	3		←	↓	←	↓
TOTAL CLAIMS	4					

*	*	*	*
IND.	DEP.	IND.	DEP.
51			
52			
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98			
99			
100			
TOTAL IND.		↓	
TOTAL DEP.		←	↓
TOTAL CLAIMS			↓

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS